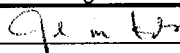


REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/591,833
	Filing Date	July 16, 2007
	First Named Inventor	Markus Wimmer
	Art Unit	1615
	Examiner Name	Lyndsey Beckhardt
	Attorney Docket Number	2579.022US1

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
Please withdraw me as attorney or agent for the above identified application, and	
<input type="checkbox"/>	all the practitioners of record;
<input type="checkbox"/>	the practitioners (with registration numbers) of record listed on the attached paper(s); or
<input checked="" type="checkbox"/>	the practitioners associated with Customer Number: <u>21186</u>
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.	
The reasons for this request are those described in 37 C.F.R.:	
<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)
<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(6)	Please explain below:
Certifications	
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.	
1. <input checked="" type="checkbox"/> I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.	
2. <input checked="" type="checkbox"/> I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.	
3. <input checked="" type="checkbox"/> I/We have notified the client of any responses that may be due and the time frame within which the client must respond.	
Please provide an explanation, if necessary:	
CHANGE OF CORRESPONDENCE ADDRESS	
Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.	
Change the correspondence address and direct all future correspondence to:	
A. <input type="checkbox"/> The address of the inventor or assignee associated with Customer Number: _____	
OR	
B. <input checked="" type="checkbox"/> Inventor or Assignee Name	Synthes USA, LLC
Address	1302 Wrights Lane East
City	West Chester
State	PA
Zip	19380
Country	United States of America
Telephone	
Email	
I am authorized to sign on behalf of myself and all withdrawing practitioners.	
Signature	
Name	Janal M. Kalis
Registration No.	37,650
Address	1600 TCF Tower, 121 South 8th Street
City	Minneapolis
State	MN
Zip	55402
Country	USA
Date	10/20/07
Telephone No.	(612) 373-6976
NOTE: Withdrawal is effective when approved rather than when received.	